STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

OCT 25 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

Bianco Profess (Name 18 Centre Street Business Address: (Street 603 225-7170 (Telephone) III. This statement correportable expense tra	- <u></u>	rd NH ty) (State) 65. — e-mail atty	03301 (Zip Code) vs@biancopa.com
(Name 18 Centre Streeth 18 Cen	et Conco et) (Town/Ci	(State) (State) e-mail_atty (Fax)	(Zip Code)
18 Centre Stre Business Address: (Stre 603 225-7170 (Telephone) III. This statement correportable expense tra	cet Conco (Town/Ci (603) 226-016 (ers: (Choose one – file separate	(State) (State) e-mail_atty (Fax)	(Zip Code)
Business Address: (Street 603 225-7170 (Telephone) III. This statement correportable expense tra	(Town/Ci	55 <u> </u>	·
(Telephone) III. This statement cov reportable expense tra	vers: (Choose one – file separate	(Fax)	s@biancopa.com
reportable expense tra		ranarte for each client OP s	
X All reportable trans			ou may file a separate report fo
	actions occurring in the months pri	or to the reporting date relativ	e to the following client:
NH Dental Socie			
OR	(Full Name of Client as it appears on	the Lobbyist Registration Form)	
unrelated to any particu			bbying firm listed below which ar
IV. Date of Report Reports cover: activit	April 26, 2017 Ty from date of registration to 3/31/17	July 26, 2017 activity from 4/1/17 to 0	6/30/17
a.	October 25, 2017 X octivity from 7/1/17 to 9/30/17	January 31, 20 <i>activity from 10/1/17 to</i>	
V. There have been If this box is checked, c Concord, NH 03301.	no fees received and no repor omplete just this form and submit i	table transactions made s it to the Secretary of State's O	ince the last report. ffice, State House, Room 204,
VI Check if additions	d reports are attached:		
	d fees or made expenditures, you t		
If you have paid ar Expense Reimburseme	honorarium or reimbursed expens	es, you must file Addendum	B Report of Honorariums or
1f you, your firm, c	or your family has made political co	ontributions, you must file Ad	dendum C Political Contributio
Sworn Statement/Affi I have read RSA 15. Rt and complete to the best (Signature of lobbyist) James J. Biance	SA 16-B. RSA 14-C and RSA 664 at of my knowledge and belief.	and hereby swear or affirm th	1

P L E A S E P R I N T

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

11. Name of lobbyist's partnership, firm or corporation, if any:	
Bianco Professional Association	
(Name of partnership, firm or corporation)	
III. Name of Client New Hampshire Dental Society	Date 10/25/17
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	t relations, or public relations service
a) Total of all fees received in this reporting period	a) \$11,000
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	b) \$ 22,160 ear)
c) Total of all fees received to date (Add lines a and b)	c) \$33,160
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$0
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to reffees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for examp lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made be may be filed for the lobbyist(s)/firm a gagregate total of all expenses pai expenses; (b) the aggregate total of a le: meals purchased during a business stan \$10 that is given to the person and with a value of \$25.00 or less); an orting period of greater than \$25.00 for ue of greater than \$25, purchase of the er than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$11,000
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$0
**	

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$11,000
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$22,160
f) Total of all expenses year to date	f) \$ 33,160
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
······································	\$
	\$
	\$
<u> </u>	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
	10/25/17
(Signature of lobbyist)	(Date)
James J. Bianco, Jr. (Print Name of lobbyist)	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corpo	oration: Bianco Professional Association
	or the partnership, firm, or corporation and not related to any
particular client): NH Dental Society	
Date of Report (check one):	
April 26, 2017 □ July 26, 2017 □	October 25, 2017 🗷 January 31, 2018 🗆
	he Statement of Income and Expenses described above, and at Statement (insert the number of Addendum forms being
Addendum A(s).	
Addendum B(s).	
Addendum C(s).	
I hereby swear or affirm that the foregoing in complete to the best of my knowledge and be (Signature of lobbyist)	information on the Statement and each Addendum is true and lief. Office (Date)
Adam Schmidt	
(Print Name of lobbyist)	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn	Staten	nent/Aft	firma	tion	by	Lobbyi	SÍ
Statem	ent of	Income	and	Expe	ense	es for:	

Name of Lobbying partnership, firm, or corpora	ation: Bianco Professional Association
	r the partnership, firm, or corporation and not related to any
particular client): NH Dental Society	
Date of Report (check one):	
April 26, 2017 □ July 26, 2017 □	October 25, 2017 X □ January 31, 2018 □
the following Addendums submitted with that submitted):	e Statement of Income and Expenses described above, and it Statement (insert the number of Addendum forms being
Addendum A(s).	
Addendum B(s).	
Addendum C(s).	
I hereby swear or affirm that the foregoing inf complete to the best of my knowledge and beli	formation on the Statement and each Addendum is true and ief.
(Signature of lobbyist)	$\frac{L_{0} \int \mathcal{L} \int \mathcal{L} }{(Date)}$
Karen Soucy	
(Print Name of lobbyist)	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

(Print Name of lobbyist)

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:
Name of Lobbying partnership, firm, or corporation: Bianco Professional Association
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): NH Dental Society
Date of Report (check one):
April 26, 2017 □ July 26, 2017 □ October 25, 2017 ♥□ January 31, 2018 □
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
_ Addendum A(s).
Addendum B(s).
Addendum C(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.
(Signature of lobbyist) 19 October 3017 (Date)
Kathy Corey Fox